

## General

#### Title

Wellness and health promotion: percentage of individuals 18 years of age and older who completed a health appraisal (HA) during the program period.

# Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

#### Measure Domain

#### Primary Measure Domain

Population Health Quality Measures: Population Process

# Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

# Description

This measure is used to assess the percentage of individuals 18 years of age and older who completed a health appraisal (HA) during the program period.

#### Rationale

Health appraisals are an important part of comprehensive health promotion programs. They can be used to assess a broad range of health risks in the population and to divide the population into subgroups by risk, which allows for the implementation of targeted interventions. In 2007, the Community Preventive Services Task Force (established by the U.S. Department of Health and Human Services in 1996 to identify population health interventions that are scientifically proven to save lives, increase lifespans, and improve quality of life) published a recommendation for the use of health risk assessments. The Task Force recommended the use of health risk assessments when combined with feedback to participants and health education. This recommendation was based on strong evidence that health risk assessments plus

feedback and health education improve one or more health behaviors or conditions in the working population (The Guide to Community Preventive Services, 2007).

Despite the evidence for the use of health appraisals when combined with feedback and health education, the completion of health appraisals can vary by organization, over time and by type/amount of incentive offered (Chapman, 2006; Musich et al., 2001; Stein, Shakour, & Zuidema, 2000).

#### Evidence for Rationale

Chapman L. Employee participation in workplace health promotion and wellness programs: how important are incentives, and which work best?. N C Med J. 2006 Nov-Dec;67(6):431-2. PubMed

Musich S, Adams L, DeWolf G, Edington DW. A case study of 10-year health risk appraisal participation patterns in a comprehensive health promotion program. Am J Health Promot. 2001 Mar-Apr;15(4):237-40, iii. PubMed

Stein AD, Shakour SK, Zuidema RA. Financial incentives, participation in employer-sponsored health promotion, and changes in employee health and productivity: HealthPlus Health Quotient Program. J Occup Environ Med. 2000 Dec;42(12):1148-55. PubMed

The Guide to Community Preventive Services. Assessment of health risks with feedback to change employees' health. [internet]. Atlanta (GA): The Community Guide; 2007 Feb [accessed 2016 Feb 05].

## Primary Health Components

Health appraisal

# **Denominator Description**

Individuals 18 years of age and older during the program period who are eligible to complete a health appraisal (HA) any time during the program period (see the related "Denominator Inclusions/Exclusions" field)

# **Numerator Description**

Individuals who complete the health appraisal (HA) during the program period. The HA is considered complete if *all* of the following variables are addressed:

Age

Gender

Height and weight (used for body mass index [BMI] assessment)

Smoking or tobacco use status

Physical activity level

See the related "Numerator Inclusions/Exclusions" field.

# Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Additional Information Supporting Need for the Measure

Unspecified

## **Extent of Measure Testing**

All of the National Committee for Quality Assurance's Wellness and Health Promotion measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the NCQA's Committee on Performance Measurement and Board of Directors.

## Evidence for Extent of Measure Testing

Williams-Bader J. (Director, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2016 Jul 6. 1 p.

#### State of Use of the Measure

#### State of Use

Current routine use

#### Current Use

not defined yet

# Application of the Measure in its Current Use

# Measurement Setting

Other

# Professionals Involved in Delivery of Health Services

not defined yet

# Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Specified

## Target Population Age

Age greater than or equal to 18 years

# **Target Population Gender**

Either male or female

# National Framework for Public Health Quality

## Public Health Aims for Quality

Health Promoting

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Healthy People/Healthy Communities

# National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### **IOM Care Need**

Staying Healthy

#### **IOM Domain**

Effectiveness

Patient-centeredness

# Data Collection for the Measure

#### Case Finding Period

Program Period: The period when the Wellness and Health Promotion (WHP) program is administered for an employer or plan sponsor, usually a 12-month span from the beginning of the contract period to the end of the contract period. The program must end in the calendar year prior to the reporting year.

## **Denominator Sampling Frame**

Organizationally defined (non-health care organizations)

## Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

#### **Denominator Time Window**

not defined yet

# Denominator Inclusions/Exclusions

Inclusions

Individuals 18 years of age and older during the program period who are eligible to complete a health appraisal (HA) any time during the program period

Note: Continuous Eligibility: The program period.

Exclusions Unspecified

# Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions

Inclusions

Individuals who completed the health appraisal (HA) during the program period. The HA is considered complete if *all* of the following variables are addressed:

Age

This variable may be obtained from a source other than the HA, such as eligibility files. Gender

This variable may be obtained from a source other than the HA, such as eligibility files. Height and weight (used for body mass index [BMI] assessment)

Smoking or tobacco use status

Physical activity level

Note:

Individuals are not numerator compliant if any of the required items (referenced above) are incomplete. Refer to the original measure document for details.

Exclusions

Unspecified

#### Numerator Search Strategy

Fixed time period or point in time

#### **Data Source**

Patient/Individual survey

Other

## Type of Health State

Does not apply to this measure

#### Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

#### Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

# Basis for Disaggregation

This measure is disaggregated based on different definitions of the denominator.

The eligible population reported by four incentive stratifications, which are based on the incentive type offered to the individual for health appraisal (HA) completion, and a total. Report an individual on only one level. The intent is to include only incentives tied directly to completing the HA.

No Incentive. No incentive offered for HA completion.

Small Incentive. Incentive with a cash or actuarial value less than or equal to \$100 offered for HA completion.

Large Incentive. Incentive with a cash or actuarial value of greater than \$100 offered for HA completion.

Unknown. Incentive value for HA completion unknown or whether an incentive is offered for HA completion unknown. If the incentive is tied to completion of other activities (in addition to completion of the HA), classify the incentive as Unknown.

For all nonmonetary incentives offered for HA completion, the incentive's actuarial value is calculated by eligible individual. If incentive levels are altered by the employer or plan sponsor during the program period, the highest incentive value during the period is used for reporting.

# Scoring

Rate/Proportion

#### Interpretation of Score

Desired value is a higher score

# Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

# **Identifying Information**

## **Original Title**

Health appraisal completion (HAC).

#### Measure Collection Name

Wellness and Health Promotion Performance Measures

#### Measure Set Name

Keeping the Population Healthy

#### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

# Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

# Funding Source(s)

Unspecified

# Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

# Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving

health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2014 Jan

#### Measure Maintenance

Unspecified

#### Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

# Measure Availability

source available for purchase from the National Committee for Quanty Assurance (NCQA) web site
For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone:
202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org

# **NQMC Status**

This NQMC summary was completed by ECRI Institute on June 3, 2016. The information was verified by the measure developer on July 8, 2016.

# Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the measures, refer to the *Technical Specifications for Wellness* & *Health Promotion*, available for purchase from the National Committee for Quality Assurance (NCQA) Web site \_\_\_\_\_\_.

# Production

# Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

# Disclaimer

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